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St. Bartholomew's Hospital Journal,

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"Æquamemento rebus in arduis
Servare mentem."—Horace, Book ii, Ode iii.

Sir William Church.

FROM time to time, in accordance with the inexorable "superannuation rule," the axe falls and severs the connection of some member of the staff with the daily work of the Hospital. It is thus that the Medical side of the staff has lately lost its long-recognised head, Sir William Church. It may not be inappropriate to give to our readers, in the present number of the JOURNAL, a brief record of the offices which he has held at the Hospital and School during the long period of

his association with them. Upon his work in other spheres we shall not touch, for it is beyond our province; and besides, it is a chapter which we anticipate is by no means closed. For the superannuation rule, wise and necessary as it is, in this case deprives us of the services of a man full of health, as we hope, and certainly full of capacity for further vigorous and useful work.

Sir William, as most of us know, was educated at Harrow and at University College, Oxford. He entered our Medical School in the early summer of 1862, that is over forty years ago. Oxford medical students, not too common now, were even rarer then, but St. Bartholomew's had its share of them; for four of its contemporary physicians, Black, Andrew, Southey, and Church, all came from that University. In October of the same year he began a six months' dressership under Mr. Lawrence, afterwards Sir William Lawrence; in 1863 he was clinical clerk to Sir George Barrows, and in 1864 to Dr. Kirkes. It is worth remarking that his teacher, Sir George Barrows, was the last Bartholomew's man, prior to Sir William himself, who held the office of President of the Royal College of Physicians.

Prosit omen, and may the mantle one day fall on some of Sir William's clerks!

In 1864 he took the degrees of M.B.Oxford and M.R.C.P.London, and in 1865 was made Lecturer on Comparative Anatomy. The teaching of anatomy was not new to him, as he had been Lee's Reader in Anatomy at Christ Church while he was at Oxford. This lectureship he held for several years; since his resignation of it, it has been merged in the larger department of biology. He was President of the Abernethian Society for the session 1865-6.

On April 9th, 1867, he was elected Demonstrator of Morbid Anatomy, succeeding (if we are not mistaken) his friend Dr. Andrew. The importance of the work to be done in the post-mortem room was fully recognised by both these physicians, and the zeal and accuracy which they brought to it is not yet forgotten. And like all sound physicians, Sir William has never drifted away from the

teachings of morbid anatomy. All subsequent demonstrators have learned to look for his regular arrival in the post-mortem room, to rely upon his opinion where a difficult question arises, and to admire the completeness with which he is wont to follow out any investigation which he may there undertake with them.

It was, we believe, in the second year of his demonstratorship that Dr. Church instituted the great green volumes of post-mortem records which are so familiar to us all.

In 1867 he was also made Assistant Physician. Some of the present aspirants to that post may be tempted to think the distinction was easily obtained. What (they will say) about the long series of assistant demonstratorships, demonstratorships, curatorships, etc., through which we have to pass, the steps of the ladder to which we so laboriously cling? The answer is—they did not then exist; and, so far as we know, there were but two positions of vantage—the medical registrarship and the demonstratorship of morbid anatomy—from which the candidate for office could leap into the saddle. Neither were there such numerous opportunities as now for work outside the Hospital, though Dr. Church was, as a matter of fact, on the staff of two other institutions, namely, Victoria Park Hospital, to which several of the physicians of St. Bartholomew's of his time had been attached, and the Royal General Dispensary, on the roll of which the names of many well-known physicians are to be found.

In 1875 he became full physician, and in 1893, on the resignation of Dr. Andrew, senior physician. The visiting staff at St. Bartholomew's are not merely ornamental officers, who pay visits say once a week, and only look at such cases as interest them; but they are in the wards frequently and regularly, there to combine the difficult tasks of teaching their students and of treating almost every variety of disease. Sir William has been one of the most hard-working of them; and we need only look to this fact, and to the length of time he has carried on his work, to see how large a proportion of his life and energies he has devoted to the service of the Hospital. Nor do things quite end here, for there is another side of hospital duty, less attractive perhaps, and less thankfully appreciated than the clinical work; we mean the time and trouble that must be spent at the councils and committees which are necessary for the management of the medical affairs of the Hospital and the business of the School. Of this Sir William has taken his full share and more, as his colleagues, we are sure, would gratefully testify. Another labour of love undertaken by him, involving much trouble and little recognition, was the editing, for many succeeding years, of the *Hospital Reports*, and the preparation of a valuable index to them.

We have confined ourselves, as stated at the outset, to a record of his work at one hospital and school; to add any comment of our own, beyond the expression of a thankful

appreciation, would be superfluous and impertinent. Let those who do not know him personally ask any one of those who do—any one of the long list of colleagues, house physicians, clerks, sisters, who have worked with or under him,—and they will gain some idea of the estimation in which he is held. They will understand, too, why it was that when he rose to eminence outside the sphere of our Hospital and School we were in no degree surprised, but rather, while congratulating him, congratulated ourselves also, in that St. Bartholomew's had recognised, and had taken some share in elaborating, the precious metal that was to receive the Sovereign's stamp.

The Elizabethan Revival of Surgery.

By D'ARCY POWER, F.R.C.S.Eng.

(Concluded from p. 4.)



WILLIAM CLOWES the elder was even more distinguished than Gale as a leader amongst the great English surgeons in the reign of Elizabeth. He was born in 1540, a Warwickshire man, and was apprenticed to George Keble. In 1563 he was a surgeon in the army commanded by Ambrose, Earl of Warwick, and after the Havre expedition he served for several years in the navy, as was not unusual at a time when the two services were not separated, and the same leader was sometimes a general and sometimes an admiral. Clowes was admitted a member of the Barber-Surgeons' Company in 1569, and then settled in London. In 1575 he was elected a surgeon to St. Bartholomew's Hospital, becoming full surgeon in 1581, and he was also surgeon to Christ's Hospital—the Bluecoat School. He went to the Low Countries with the Earl of Leicester in May, 1585, and on his return to London he was admitted a member of the Court of Assistants of the United Company of Barber-Surgeons, becoming a Warden of the Company in 1594, though he was never Master. He served in the English fleet against the Spanish Armada, and was afterwards appointed surgeon to Queen Elizabeth. He died at Plaistow, in Essex, in 1604.

Clowes tells the same story as Gale about the multitude of quacks, but he expresses himself in somewhat stronger language when he says, "But now in these days it is the more lamentable to see how so famous an art, and the true professors of the same, are thus spurned, trodden down, embased and defaced, through the wicked behaviour and counterfeit glosses of the above-named rude rabble of obscure and unperfect experimenters, and such other prating, proud peasants and ignorant asses. As proud as Icarus, as crafty as Prometheus, and as boasting as Golia, which garrison or beastly band do intermeddle too far into physic and chirurgery to the great slander and discredit of so noble a mystery, and to the reproach of the learned physician and chirurgion; and to the great danger, nay, to the utter undoing of a great number of poor afflicted creatures, whom they do most wickedly practise upon and cruelly torment. And, as it is truly said, they suck up like drone bees, with their brave polished colour of counterfeited cunning, vile phrases, and flattering speeches, the reward of other men's travails, which, with great study, charges, and pains, have bestowed all their time therein."

Master Clowes had quite a remarkable flow of language when he was properly roused by the enormities of the quacks who surrounded him on every side, and the following is a fair sample of his style:—"A great number be shameless in countenance, lewd in disposition, brutish in judgement and understanding, as was their unlearned leader and master, Thessalus, a vain practitioner, who, when his cunning failed, straightways sent his patients to Lybia for change of air. . . . This, their grand captain, was by profession a teazler of wool, and also the forerunner of this beastly brood following, which do forsake their honest trades whereunto God hath called them, and do daily rush into physic and chirurgery. And some of them be

painters, some glaziers, some tailors, some weavers, some joiners, some cutlers, some cooks, some bakers, and some chandlers, etc. Yea, nowadays it is too apparent to see how tinkers, tooth-drawers, pedlars, ostlers, carters, porters, horse-gelders and horse-leeches, idiots, apple squires, broommen, bawds, witches, conjurers, sooth-sayers and sow-gelders, rogues, ratcatchers, runagates, and proctors of spittle-houses, with such other like rotten and stinking weeds which do in town and country without order, honesty, or skill, daily abuse both physic and chirurgery, having no more perseverance, reason, or honesty in this art than hath a goose, but a certain blind practice without wisdom or judgement, and most commonly use one remedy for all diseases, and one way of curing to all persons, both old and young men, women, and children, which is as possible to be performed or to be true as for a shoemaker with one last to make a shoe to fit every man's foot; and this is one principal cause that so many perish."

Clowes' outspoken expressions of opinion did not always render him very acceptable to his contemporaries, and sometimes led him into trouble; thus it is recorded in the minutes of the Barber-Surgeons' Company that on "28th February, 1576, here was a complaint against William Clowes by one Goodinge, for that the said Clowes had not only misused the said Goodinge in speech, but also most of the Masters of the Company, with scoffing words and jests, and they all forgave him here openly in the Court, and so the strife was ended upon condition that he should never so misbehave himself again, and bonds were caused to be made to that effect." But, alas for the frailty of human nature! in the very next year, on March 25th, 1577, "here at this Court was a great contention and strife spoken of and ended between George Baker and William Clowes, for that they both, contrary to order and the good and wholesome rules of this house, misused each other, and fought in the fields together. But the Master, Wardens, and Assistance wishing that they might be and continue loving brothers, pardoned this great offence in hope of amendment." Clowes at this time was Surgeon to Queen Elizabeth, and his opponent, one of the Earl of Oxford's men, was appointed Serjeant-Surgeon in 1591, and became Master of the Company in 1597. It is not surprising, I think, that people objected to Master Clowes' expressions, and endeavoured to misuse him, for he sums up his opinion of one of his fellows with the words he was "a great bugbear, a stinging gnat, a venomous gnat, and a counterfeited crocodile."

Very little is known of John Hall, except that he was born in 1529, lived at Maidstone in Kent, and was admitted a member of the Barber-Surgeons' Company late in life. He was the sturdiest representative of the best type of English country surgeon, and his mission in life was to abate quackery as far as in him lay by his writings, and to compel the authorities to do their duty. Here is an example of his method:—"Item in the year 1562, there came to the town of Maidstone an old fellow who took upon him to heal all diseases, as a profound physician whom (for because men had been so deluded by divers former deceivers) I caused to be examined before the officers of the said town. And when he was asked his name he said John Hewley; secondly, where he dwelt, he answered at London, in the Old Bayly, against Sir Roger Chomley. Thirdly, if he were a physician, he said yea. Fourthly, where he learned that art, and he said by his own study. Fifthly, where he studied it, he answered in his own house. Sixthly, what authors he had read, he said Eliot and others. Seventhly, we asked what other, and he said he had forgotten. Eighthly, we asked him what were the names of Eliot's books, he said he remembered not. Then we brought him an English book to read, which he refused; but when he was commanded to read he desired us to be good to him, for he was a poor man, and indeed could not read, and said that he intended not to tarry there, but to repair home again. This being done on a Sunday, after evensong, his host was bound for his forthcoming the next day, when upon his humble suit he was let go, being warned with exhortation to leave such false and naughty deceits. Farther in the same year, one William, a shoemaker, came into Kent, pretending to be very cunning in curing diseases of the eyes, and being brought to a friend of mine to have his judgement on one eye whereof the sight was weak. First putting them in much fear of the eye, he at length promised to do great things thereto. But the friends of the party diseased desired me first to talk with him to understand his cunning, which I at their request did at a time appointed, and asked him if he understood what was the cause of her infirmity. He said he could not tell, but he would heal it he doubted not. Then I asked him whether he were a surgeon or a physician, and answered no, he was a shoemaker, but he could heal all manner of sore eyes. I asked him where he learned that, he said that was no matter.

Well, said I, seeing that you can heal sore eyes, what is an eye? Whereof is it made? Of what members or parts is it composed? and he said he knew not that.

"Then I asked him if he were worthy to be a shoemaker, or to be so called, that knew not how or whereof a shoe was made. He answered no, he was not worthy. Then, said I, how dare you work upon such a precious and intricate member of man as is the eye, seeing you know not the nature thereof; and why, or by what reason, it doth see more than a man's nose or his hand doth? He answered that though he could not tell this, yet could he heal all manner of sore eyes. And that whereas Master Luke, of London, hath a great name of curing eyes, he could do that which Master Luke could not do, nor turn his hand to.

"Thus bragged this proud varlet against and above that reverend man of known learning and experience.

"And I said I thought so, for Master Luke, said I, is no shoemaker. Well, said he, I perceive you do but scorn me, and flung out of doors in a great fume, and could not be caused to tarry and drink by any entreaty, neither have I since that time heard anything of him."

As might be expected with such a dragon in the town as Master Hall, the quacks who came to Maidstone occasionally got into serious trouble. "One Robert Nicols, a false deceiver and most ignorant beast, and of the profession of vagabonds, hath in times past boasted himself to have been the servant of Master Vicary, late Serjeant-Surgeon to the Queen's Highness. But now the matter being put in trial, he saith he was apprentice with a priest, among whose wicked and prodigious doings (which are infinite) one very notable chanced in the year of our Lord 1564, the 26th September; he poured in a purgation to an honest woman of good fame, one Riches, widow, of Linton (a parish of three miles distant from Maidstone), which within three or four hours at the most purged the life out of her body, so violent was this mortal potion. The woman being before in perfect health to all men's judgements, being only of simplicity persuaded to take the same by the deceivable persuasions of this Nicols, who made fair weather of all things, and her to believe that he would deliver her of such diseases as indeed she had not. For he should have had by composition twenty shillings for the said drink.

"For this murderous fact he was by the Queen's Majesty's justices apprehended and imprisoned in the gaol of Maidstone, where he was communed withal concerning his knowledge and doings, and for what cause he gave her that purgation, and how she was persuaded to take it. He answered that he knew by her complexion that her liver and her lungs were rotten, and therefore he told her so. Whereunto one replied saying, nay, she was not sick, but thou toldest her so for thy filthy lucre, and she believed thee. And because (as thou saidest) thou knewest all this by her complexion, I pray thee what complexion am I of? He answered, 'You are sanguine.'

"Then was it asked him whether it were proper to a sanguine man to have black hair, as that party had on his beard. To this he answered, 'O, ye will say ye are more o the choler.' Then the party gave him his hand to feel, which was commonly cold, saying, 'Is a cholerick man wont to be so cold?' which when he had felt he said, 'O, then ye would be of the phlegm.' Then was he asked, 'What is a sanguine man, or why is he called sanguine?' He answered, 'A sanguine man is he that hath a good digestion.' 'Marry, as thou sayest,' quoth the demander, 'herein hast thou showed how great thy cunning is in judging complexions.' Then it was said to him, 'Ye profess both physic and chirurgery, what authors have you read?' He answered, 'Vigo and Gascoigne.'

"Then was it demanded, 'What medicine gavest thou the woman wherewith thou hadst so evil luck?' and he said 'catapussis.' Then being rebuked for that he would take on him to give medicine inwardly whereof he knew not the names, much less the nature, he said as stoutly, as obstinately, 'that he knew as many purgations as the party that reproved him.' Then he asked him of four or five, such as came first to mind, as tamar indes, mirobalanes, agarick, etc., of all the which he said he knew none. Then he was required to name them that he did know, and he said he knew catapussis and catapistela.

"Then was he asked what catapistela was. 'Why,' quoth he to the demander, 'do not you know it?' 'No,' said the party, 'not by that name,' and it was further asked whether it were an herb, a root, a tree, a stone, the hoof, horn, or tail of a beast, or what it was. Nicols answered 'that it was none of these, but a thing made beyond the seas. It is not made in England,' quoth he; 'I think it be made in France.' Then was he again reproved for his beastly bragging. 'And here mayest thou see,' quoth the person

that reasoned with him, 'thine own ignorance in that thou sayest it is made where it is indeed the fruit of a tree called cassia fistula (as I think thou meanest), and not catapistela.' And he answered, notwithstanding his former impudency, 'It is so,' saying also thus, 'O, you call it casia belike because it is like a case.'

But Hall was more than a mere prosecutor of quacks, for he teaches that "all chirurgeons should be learned, and I would have no man think himself learned otherwise than by experience; for learning in chirurgery consisteth not in speculation only, nor in practice only, but in speculation well practised by experience. Therefore when we say that a chirurgeon must first be learned and then work, it is not meant that any man by the reading of a book or books only may learn how to work, for truly that hath caused so many deceiving abusers as there are at this day." He then enumerates the qualities to be desired in a surgeon. He must be "God-fearing and avoid envy and wicked wrath; his charity should surmount his covetousness; he must be no lechour, and above all he must beware of drunkenness, a vice that was never more used than it is of many at this time. For when hath this vile report (or rather reproach) gone of so many as it doth at this day, he is a good chirurgeon in the forenoon? O, abomination of all other in a chirurgeon to be detested! But how unmeet such are to be chirurgeons!"

John Banester, born in 1540, began his professional career as a surgeon to the forces sent under the Earl of Warwick to relieve Havre in 1563, and he thus made the acquaintance of Clowes, who speaks of him as "Master Banester, my dear and loving friend." He was admitted a member of the Barber-Surgeons' Company in 1572, and appended to the minute recording his admission is a note that "Mr. Banester, of Nottingham, was sworn and admitted a brother of this mystery. Whereupon he hath granted to the house yearly twenty shillings so long as he liveth, and to be liberal and commodious to this house in what he may, and will send yearly a buck or two, and hath paid ten shillings, and shall have his letter of licence." It seems, therefore, as though he were a person of some importance, and he probably belonged to the Nottinghamshire Banesters, who were an old county family. The University of Oxford granted him a licence to practise medicine on June 30th, 1572, and he thus acted both as a physician and as a surgeon, a very unusual combination at a time when the surgeons were still servants of the physician. In 1585 he served on board ship during the Earl of Leicester's expedition to the Low Countries, and on February 15th, 1594, in obedience to a letter from Queen Elizabeth, "given under our signet at our manor of Oatlands," he was licensed by the College of Physicians to practise physic "on condition that in every serious case, and when there is much danger, he shall call in some other member of the College to help him in the cure." He died in 1610, and was buried in the church of St. Olave's, Silver Street, London.

Banester's works are not very interesting, as they are concerned with the principles rather than the details of surgery, but like the other members of the band he had the true interests of the surgeons at heart, and tried to liberate them from bondage. Thus he says, "Some of late, more precise than wise, have fondly affirmed, foolishly feigned, and frantically faced that the chirurgian hath not to deal in physic. Small courtesy is it to break faithful friendship or at-one-ment, but it is mad dotage to part that which cannot be separated. How can physic be praised and chirurgery discommended? Can any man despise chirurgery and not defame physic? No, sure, he that speaketh evil of the one slandereth both; and he that robbeth the one spoileth the other. For though they be at this time made two distinct arts, and the artists severally named, yet sure the one cannot work without some aid from the other, nor the other practise without the aid of both. . . . Great ruth and pity is it that so many idle idiots and erroneous asses are permitted to practise this art of great difficulty."

The influence and personality of John Banester seem to have been of more importance to the cause than his writings, and I imagine him to have been one of the few surgeons who were gentlemen and highly cultivated.

John Read, like Clowes, Gale, and Hall, was instant that the practice of surgery should attain a higher level, and that it should be freed from the quackery which then formed so abundant a leaven in it. I think he died young, and only a few details of his life remain to us. He was living at Gloucester in 1587, and in 1588 he came to London, and was admitted a foreign brother of the Company of Barbers and Surgeons. On June 24th, 1588, he obtained a licence to marry Cicely, daughter of John Banester. In the same year he published a volume of translations from medical writers,

dedicating it to his father-in-law, John Banester, to William Clowes, and to William Pickering, whom he calls "my very good and loving friends."

Read deserves to be named with this noble band on account of the following remarkable sentences which he wrote in the preface to his book:—"Chirurgery is maimed and utterly unperfect without the help of those other parts, which consisteth in prescribing of inward medicines and convenient diet. And is so near linked with these in alliance that no man deserveth to be called a chirurgeon that is ignorant in physic; . . . and I do withal affirm that chirurgeons ought to be seen in physic, and that the barbers' craft ought not to be termed chirurgery."

Read shows too that he was not altogether pleased with the manner in which the United Company treated the quacks, for he says further, "they practise abroad their accustomed degeits under the colour of admittance from the Hall of London and some other being in authority. . . . A thing greatly to be lamented that those who are or should be the fathers of art, and upholders of good artists, should so slightly pass their licence to such ignorant asses, to maintain them not only in cousing Her Majesty's subjects of their money, but oftentimes deprive them of their limbs, yea, and also of their lives. But it is no marvel, for money is sweet, and what is it but lucre may do? for I myself, talking with one of the same company and fellowship, complaining upon the abuses thereof in passing their licences to such, made me this answer. 'Indeed,' quoth he, 'it is not well, but we were as good take their money, for they would play the knaves nevertheless.' Surely his answer was truer than he wist, although a matter most lamentable. For whereas by the good and godly laws of the realm they are prohibited from practising or meddling in the art without licence, now forsooth for money they may buy them a cloak to cover them from the law."

The following conclusions may be drawn from the story I have told you this evening. First, that surgery was at a very low ebb during the early years of Queen Elizabeth's reign. Many surgeons looked upon the art rather as a business to be followed than as a profession to be improved. In their collective and official capacity as the Master, Wardens, and Assistants of the United Company of Barbers and Surgeons they had no objection to sell the licence to practise to anyone who chose to pay their price, without much inquiry as to the credit or fitness of the applicant. The surgeons, therefore, as a body were grossly ignorant: they held a low position socially, and unlicensed practitioners abounded. Fortunately, however, a series of surgeons came forward between the years 1560 and 1590 who tried to raise surgery into a profession by the suppression of quacks, by improved methods of teaching, and by the record of their personal experiences. Their colleagues, for the most part, were ignorant of Latin, and they wrote for them therefore in the terse English of the period, which makes their books so eminently readable at the present time, and has saved them from the oblivion to which the writings of their successors have been long since consigned. Many of their treatises give details of the individual cases which they had treated, the histories being recited less for their own glory or in any boasting spirit than to teach others and to emphasise their remarks on treatment.

The revival only lasted a few years, and it would have died away completely before the end of the sixteenth century if it had not been for John Woodall in England, and Maister Peter Lowe in Glasgow. I cannot explain the sudden decline, except that the revival depended upon the activity of a very few great minds. Read, as I have said, seems to have died young, for he is never heard of again after the publication of his book in 1588. Hall and Gale died without leaving any children in the profession. Banester's children perhaps became country gentlemen in Nottinghamshire, and his relation, Richard Banester the oculist, though he wrote a book on the diseases of the eye, showed no reforming spirit. Clowes the younger rose indeed to eminence, and was appointed Serjeant-Surgeon on the accession of Charles I, but he does not seem to have written anything, nor is there evidence that he showed any originality. In England the Elizabethan tradition was carried on solely by John Woodall, the naval surgeon, who died in 1643, when his mantle fell upon Richard Wiseman, the great surgeon of the Commonwealth. Woodall says, in the preface to one of his works, "For this forty years last past no surgeon of my nation hath published any book of the true practice of surgery to benefit the younger sort, these my mean treatises only excepted,"—a statement which is literally correct for England, though in Scotland Maister Peter Lowe was doing such good work that I cannot pass over him

without a few words, especially as he was a man after Clowes' own heart.

Lowe was born in Scotland about 1550, and after an adventurous career of thirty years he returned to his native country in the early part of 1598, calling himself "Chirurgion-Major to the Spanish Regiments at Paris, Doctor in the Faculty of Chirurgie in Paris, and Chirurgion Ordinaire to the Most Victorious and Christian King of France and Navarre." He served therefore during the memorable historical periods of the massacre of St. Bartholomew and the revolt of the Netherlands, and it is evident from his works that he saw much service. The first edition of his *Discourse of the Whole Art of Chirurgie* is dated "from London, 20th April, 1597," and is introduced to the friendly reader by a long preface from the pen of William Clowes. Lowe passed from London to Glasgow, where in 1599 he was granted the "privilege under His Highness' privy seal to try and examine all men upon the art of chirurgery, to discharge and allow in the west parts of Scotland, who were worthy or unworthy to profess the same." Peter Lowe was therefore the founder of the present Faculty of Physicians and Surgeons of Glasgow. He died on the 15th August, 1610.

The following extracts will show that Lowe followed the lines laid down by the London surgeons, not from any desire to imitate, but because they alone led to the desired emancipation of surgery. Speaking of quacks he says, "Some run from one town to another, promising to heal all things by vomitories and laxatives, chiefly with antimony præcipitatum, which is powder of quicksilver; laureola, elebour, colocynth, æsula, catapus, and divers other poisonable medicaments, full of venom uncorrected, without either weight or measure. Those are the death of infinite numbers, who for the most part end their days by cruel vomiting, with insatiable going to the stool, with syncope, and intolerable dolour of the stomach and intestines. Of these some die the first or second day; the most robust the seventh or eighth day at the farthest. Another sort of those deceivers allege to have their knowledge by reading some other vulgar books. Those fellows promise rare things, and are garnished with some words that are obscure and not common, nor well can be understood to themselves or by their audience. But to make it the more plausible, they ever thrust in those obscure words in any purpose, and to make the matter to have more faith they interlace Scripture with sighs and sobs, and divers other circumstances. The third takes upon him to heal all things by charms and praying to saints of the like name that the sickness is of, alleging the sickness to be some saint's evil; as, for example, such as become paralytic through a deflux of humours on the nerves, they term it to be a blast of evil wind, and by praying to St. Blaot it shall heal; such as are hydropick do pray to St. Hidrop; such as lose their sight pray to St. Cleere; those who hear evil or have disease in their ears pray to St. Owyn; such as have the gout, called chiragra, or any other disease in the hands, pray to St. Main; with divers others which were long to repeat. Those deceitful, ignorant people consider not that all those diseases were long before any of those saints. The fourth sort allege to have the curation of all diseases from their parents as heritage, and those be impudent deceivers. The fifth sort vaunts to be skilful in such like diseases by experience upon themselves, alleging them to be most skilful in the cure of the French poxe because he was cured himself sundry times of the same disease. The sixth takes upon him to cure all things by poisonable vomitories only, chiefly antimony. . . . The seventh sort of these ignorants, having some ulcers in their legs or arms a certain space, takes upon him to heal all sores, alleging by some revelation to have an unguent called unguentum ad omnes plagas. This fellow with the rest doth cure all their abuses and mischiefs with a truce or stone. The eighth sort, who, having almost drunken out one of his eyes, and useth some few remedies for the same, professeth himself to be a fine Eynest. The ninth sort, who hath been cut of the stone or rupture, or seen beasts cut, takes upon him to be most excellent in the rupture or stone. All those with divers others take on them to have done many cures, yet they forget the infinite number murdered by them. Such mischiefs were never suffered among the infidels, much less should be amongst Christians, to the great dishonour of God and His laws."

There is much instructive and curious reading in Maister Peter Lowe's *Whole Art of Chirurgie*. He had the gift of humour, and had seen much of life. He seems to have been free from much of the superstition of his time, for in his chapter on the "Rules to be observed in Bleeding" he pays no attention to the fortunate or unfortunate days in the only edition of his book published during his lifetime. The later editions issued after his death contain the following curious information:—"The excellent and learned mathema-

ticians do say that there are three certain days that should be observed by chirurgions not to let blood, to wit, the 1st of August, the 4th of September, the 11th of March, as likewise the 10th of August, the 1st of December, and 6th of April are observed by some philosophers to be very perilous to surfeit much in eating and drinking, for in them men may incur dangerous sicknesses and often death. I read in an old philosopher Arabian, a man of divers rare observations, who did remark three Mondays in the year to be most unfortunate, either to let blood or begin any notable work, viz. the first Monday of April, the which day Cain was born and his brother Abel slain. The second is the first Monday of August, the which day Sodom and Gomorrah were confounded. The third is the last Monday of December, the which day Judas Iscariot was born, who betrayed our Saviour Jesus Christ to the Jews. These three Mondays, with the Innocents' Day, by divers of the learned men are reputed to be the most unfortunate of all days, and ought to be eschewed by all men for the great mishaps which often do happen in them, and thus much concerning the opinion of our ancient of days. So in like manner I will repeat unto you certain days which be observed by some old writers, chiefly the curious astrologians, who did allege that there were twenty-eight days in the year which were revealed by the angel to good Joseph, which ever have been remarked to be very fortunate days, either to purge, let blood, cure wounds, use merchandise, sow seed, plant trees, build houses, or taking journeys in long or short voyages, in fighting or giving of battle or skirmishing. They do also allege that children who were born in any of those days could never be poor, and all children who were put to the schools or colleges in those days should become great scholars, and those who were put to any craft or trade in those days without doubt should become a perfect artificer and rich, and such as were put to trade of merchandise should become most wealthy merchants. The days be these: the 3rd and 13th of January; the 5th and 28th of February; the 3rd, 22nd, and 30th of March; the 5th, 22nd, and 29th April; the 4th and 28th May; the 3rd and 8th June; the 12th, 13th, and 15th of July; the 12th August; the 1st, 7th, 24th, and 28th of September; the 4th and 15th October; the 13th and 19th of November; the 23rd and 26th of December."

I cannot leave these Elizabethan surgeons without calling your attention for a few moments to the literary graces which are so often found in their writings, graces which make their books pleasanter to read than those now written. Gale's *Institution of a Chirurgion*, dated May 20th, 1563, opens with the following sentences which show his love of nature:—"Phœbus who chaseth away the dark and uncomfortable night, casting his golden beams on my face would not suffer me to take any longer sleep, but said, 'Awake for shame, and behold the handiwork of our sister Flora, how she hath revested the earth with the most beautiful colours, marvellously set in trees, plants, herbs, and flowers; insomuch that the old and withered coat of winter is quite done away and put out of remembrance,' at which words of Phœbus my heart quickened within me, and all desire of sleep was eftsoons forgotten. Wherefore I am now come into this beautiful meadow to recreate myself, and gather some of these pleasant herbs and flowers which here do grow." A strange beginning, but a pleasing one to a text-book of surgery.

Gale's second book—a translation of Galen's *Methodus Medendi*—is dedicated to Sir Henry Nevill, and has the following Envoy prefixed:

"Go forth, my painful book,
Thou art no longer mine;
Each man on thee may look,
The shame or praise is thine."

"Thou mightst with me remain,
And so eschew all blame,
But since thou wouldst so fain,
Go forth in God's name."

"And seek thou for no praise,
Nor thank, nor yet reward;
Nor each man for to please
Have thou no great regard."

"For as to pleasure many
I have been ever glad,
Right so to displease any
I would be loath and sad."

"The labour hath been mine,
The travail and the pain;
Reproaches shall be thine,
To bear we must be fain.

"But if thou please the best
And such as be of skill,
I pass not for the rest.
Good men, accept good-will."

The sentiments perhaps are better than the versification, but I do not know any surgeon of the present day who dare commend his book in verse.

John Hall's prefatory lines are better, and have a curious ring of Tennyson's *In Memoriam* about them, though they are only an acrostic of which the first lines spell John Hall. They run—

"If reason may the justice be,
Of this my mind the truth to try:
How can there be despair in me?
No truth sith reason can deny.

"Happy it is when men esteem
All one in truth, the same to tell:
Let no man void of reason deem,
Lest he against the truth rebel."

But Hall had other claims to be called a poet. He translated into English metre certain chapters taken out of the Proverbs of Solomon, with other chapters of the Holy Scripture and certain psalms of David. They were published in 1550, and in 1565 he issued *The Court of Virtue*, containing many holy or spiritual songs, sonnets, psalms, ballets, and short sentences, as well of Holy Scripture as others, with music.

[Read at Toynbee Hall at a meeting of the Elizabethan Literary Society.]

The Fibrinous Pneumonia of Childhood.

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A CUTÉ pneumonia, in both adult life and in childhood, must be divided into two varieties, which differ from each other both clinically and pathologically. Of these varieties, fibrinous pneumonia is best represented by the disease in adults, and catarrhal by that in children; but whereas the latter is rare in adult life, the former is by no means uncommon in the early years of life, and is quite familiar to all of us clinically, though opportunities for seeing its lesions on the post-mortem table are few and far between. The reason of this is that, unlike the same disease in adult life, where the mortality ranges from 10 to 20 per cent., in childhood the mortality is extremely small, and is then generally attributable to some one or other complication to which the disease may give rise.

For this reason, namely, the rarity of opportunity for confirming the diagnosis of these cases by post-mortem examination of the diseased lung, it has seemed to me worth while collecting together a few fatal cases which have come under my notice. It occasionally happens, moreover, that a case sent down from the wards with a diagnosis of fibrinous pneumonia, shows on the post-mortem table not a

fibrinous pneumonia, but a frank broncho-pneumonia of lobar type, and this tends to cause doubt and disappointment in the mind of the clinician. If in any such cases the mistake in diagnosis has been avoidable, the fault has usually lain in a too close dependence on physical signs, and a neglect of general symptoms. A fibrinous pneumonia cannot be diagnosed from a broncho-pneumonia by physical signs, only by the general symptoms and course.

Let us consider the disease as it affects the child.

First with regard to the age incidence. The disease is certainly uncommon in the first two years of life, but becomes more and more common as adult age is approached.

This gradual increase is well seen in the chart worked out from a large number of cases by Dr. Francis Hawkins (1), and published by him in the *Practitioner* for 1893. Among these cases the maximum is reached between the ages of twenty and thirty years, and to this altitude the susceptibility rises steadily from childhood, and from it falls again gradually towards middle age. The same rise can be seen in the cases quoted by Henoch (2), but his classification is too rough to allow of any important conclusions being drawn from it. The cases collected by Ashby and Wright and those of Holt, in their books on the *Diseases of Childhood*, show the same increase during the first decade, though a falling off seems to occur as the later years of childhood are approached; but this Dr. Hawkins has proved by his tables is apparent only, and is due to the fact that the older children are more and more as their years advance absorbed by the general hospitals, with a consequent decrease in their appearance at children's hospitals, and not to a real decrease of susceptibility.

In Dr. Goodhart's book on *Diseases of Children*, on the other hand, the age incidence of the cases is somewhat misleading. He says that of eighty-two cases under five years of age, fifty-one were under two years, and only thirty-one between the ages of two and five years, thus making a large number under two years, and comparatively few between two and five years, when it seems the number should have much increased; but, for reasons which will be considered later, it seems probable that many cases of broncho-pneumonia with lobar consolidation were included among these cases, and vitiated the results.

The disease, as in adults, usually begins suddenly, and this sudden onset is often of considerable diagnostic importance. *Vomiting* is perhaps the most constant early symptom, and after it follow *drowsiness* and, when the child is old enough to indicate these symptoms, *headache*, and *pain*, sometimes in the side, but often in the abdomen. *Delirium* often occurs, *diarrhœa* is not uncommon, and there may be *chilliness*, but a rigor is rare (in marked contrast to its prevalence in adult life). *Cough* may be a distressing feature, but is sometimes slight and even absent. *Convulsions* may occur, but are by no means common.

The child is generally robust, since the disease does not usually, like broncho-pneumonia, attack those already weakened by disease, nor follow in the wake of the infectious fevers of childhood.

A robust child then, to take a typical example, is attacked suddenly with the symptoms of onset already mentioned. It is heavy and drowsy, the face is flushed, the skin hot and very dry, the breathing is hurried, and the *alæ nasi* are working. At this stage, on account of the sudden onset with vomiting and headache, the high temperature, and the flushed, dry, burning skin, there may be some difficulty in excluding scarlet fever, since there is often nothing to be found in the lungs at this time. The most important points of differential diagnosis in this connection are the working *alæ nasi* and the character of the respirations, namely, rapid inspiration followed by a pause, and thereafter an expiratory grunt. These points are especially important also in face of the marked proneness of fibrinous pneumonia in children to abort, sometimes even as early as the second day, when probably the lung condition has not passed beyond the stage of congestion. In these abortive cases there may be nothing found in the lungs from first to last, and, but for the rapid respirations and their peculiar character, the diagnosis might never rise above that very unsatisfactory confession of ignorance expressed in the term "Febricula."

One of the peculiarities of this form of pneumonia in children is the lateness with which, in many cases, the physical signs make their appearance. The lungs may present nothing abnormal to examination for many days after the onset, and the crisis may even pass before signs of consolidation appear. Hensch (2) suggests as an explanation of this that the disease begins as a central pneumonia and gradually spreads to the periphery, the signs being marked by healthy lung until the surface is reached.

When the disease is fully established with physical signs in the chest two other conditions have to be taken into consideration in making a diagnosis; these are *broncho-pneumonia* and *empyema*.

From broncho-pneumonia the disease can be separated, as already hinted, only by a careful consideration of the general symptoms; any attempt to diagnose on the lung condition apart from these will certainly lead to error. The sudden onset, whereas in broncho-pneumonia the onset is generally (not always) of gradual development—the previous good health of the child, whereas in broncho-pneumonia the child has generally been ailing—the continued high temperature, whereas in broncho-pneumonia it generally fluctuates, and, as a confirmatory point, the crisis, when this occurs, in contradistinction to the lysis of broncho-pneumonia,—a consideration of these points will lead to a correct diagnosis in most cases. The disease, moreover, tends to present generally, if one may borrow a somewhat discarded phrase, a more "sthenic type" than

broncho-pneumonia, due largely, no doubt, to the more robust condition of the sufferers.

If in due time in one of these cases the expected crisis does not appear, providing the diagnosis was correct, some complication must be suspected. Apart from this a few otherwise straightforward cases end by lysis, or in a spreading pneumonia the crisis may be delayed.

Of complications two varieties are common. One is the supervention of a broncho-pneumonia, and the other a pneumococcus suppurative complication—*empyema*, purulent pericarditis, purulent meningitis, purulent peritonitis, or often several of these together, constituting a sort of "pneumococcus pyæmia."

With regard to broncho-pneumonia, we know how in adults a bronchitis affecting the healthy portions of the lungs is by no means an uncommon complication of fibrinous pneumonia; in children this condition goes on to broncho-pneumonia. The broncho-pneumonia in these cases is, I think, seldom wide-spread or grave in its prognosis; this no doubt depends largely on the age incidence, most of our cases of fibrinous pneumonia having passed the age of infancy when broncho-pneumonia is so fatal.

The diagnosis of the other series of complications depends largely in many cases on the appearance of the child—the child "looks pus"! This appearance cannot be adequately described, it must be learnt at the bedside. It depends rather on colour of the skin, pallor, with a faint, dirty lemon tint in most cases, than on anything else. Its recognition is of the utmost importance.

This pus complication being suspected, a very careful examination is necessary to localise its whereabouts. If *empyema* it may generally be detected, unless, as occasionally happens, they are small and multiple; if so, it matters little if they are missed, as such cases are probably always fatal. If a *purulent pericarditis* is present it is often, indeed generally, missed. The quantity of pus present is seldom great, the heart-sounds are not obscured, and there is no friction audible as a rule. Moreover the cardiac dulness seldom oversteps the limits often present with a dilated heart, though a greatly dilated heart, to be sure, is rarely present in fibrinous pneumonia. At the post-mortem examination the pus is generally found below and behind the heart, which seems to swim forward so that its apex comes in contact with the chest wall. The most important guide to a diagnosis of this condition seems to me to be the marked general and respiratory distress of the child, which is out of all proportion to the lung condition present, and generally leads to orthopnoea. Of physical signs the cardiac dulness is undoubtedly the most important. If it extend well outside the apex-beat in the fifth space (in the fourth space this is of no value, as it often does so in dilated hearts), if it rise to the second rib and stretch well to the right of the sternum, and if there is appreciable resistance to percussion,—these are signs of great value in

purulent effusion; they are often absent. It must be again insisted on that marked cardiac dilatation is not common in the fibrinous pneumonia of children—a negative point of some value in these cases. When purulent pericarditis is present in these cases it is generally associated with empyema.

When *purulent peritonitis* complicates a fibrinous pneumonia in children it is generally only part of a wide-spread suppuration of serous membranes, a pneumococcic polyoromenitis, and adds little or nothing to the symptomatology, being on this account generally overlooked.

Purulent meningitis gives rise to marked cerebral symptoms, together with the distinctive facies of pus, and may be difficult to diagnose from another condition, namely, pneumonia with cerebral symptoms. Only a week ago I performed a post-mortem examination on a child whose sole symptom was convulsions, beginning suddenly, lasting sixty hours without intermission, and ending in death. The sole lesion present was a pneumonia—a broncho-pneumonia in this case.

From *empyema*, when there is doubt, after due attention has been bestowed on displacement of the apex-beat and resistance to percussion, fibrinous pneumonia is most safely distinguished with the exploring needle, and one with a wide lumen is to be recommended. It must be borne in mind that a negative result in this respect is not absolutely conclusive, as sometimes a thick fibrinous exudate is present which cannot by any means be enticed into the exploring syringe.

I shall now say a few words on the mortality of the fibrinous pneumonia of children. Here we find an important contrast to both fibrinous pneumonia in the adult and broncho-pneumonia in childhood, for whereas the mortality of the disease under consideration may be put at 3—4 per cent., that of the same disease in adult life is estimated at 10—20 per cent., and the mortality of broncho-pneumonia may be placed at fully 65 per cent. or over. It is for this reason that in childhood a diagnosis between fibrinous pneumonia and broncho-pneumonia is of such importance. A very different prognosis must be given in the two conditions. Dr. Goodhart, among his cases, finds a mortality of 20 per cent., and it is for this reason, and on account of the peculiarities of the age incidence mentioned above, and also his description of the post-mortem appearances, that I am emboldened to submit that many examples of broncho-pneumonia with lobar consolidation were included among his cases. Moreover, though he discusses the differential diagnosis from all other conditions with which it is likely to be confounded, yet he leaves out the most important of all, broncho-pneumonia, proving that from his point of view lobar consolidation and fibrinous pneumonia are synonymous terms. If this is so, if the cases have been collected together from the standpoint of the lobar distribution of the consolidation rather than the general type of the disease, it

stands to reason that many cases of what most of us would consider broncho-pneumonia must be included, and will swell the mortality.

Many cases there undoubtedly are which clinically stand on the border-line between fibrinous and broncho-pneumonia, and in which it is impossible to make a certain diagnosis between the two conditions. Some of these, perhaps, may be cases in which both diseases are present in the same patient, since bronchitis is a not uncommon complication of fibrinous pneumonia, and in children, as already mentioned, tends to pass on to broncho-pneumonia, either in the same or in the opposite lung. In this case, of course, the mortality will follow the course of the more serious disease.

Schlesinger (3), in an article on fibrinous pneumonia in childhood, gives a mortality table based on his own 173 cases, and compares it with that of other authorities.

	No. of cases.	Age.	Mortality.
Ziemssen . . .	201 ...	0—16 years ...	3·3 per cent.
Jürgensen . . .	110 ...	0—10 „ ...	3·6 „
Barthez . . .	212 ...	2—15 „ ...	1·0 „
Dusch . . .	230 ...	0—10 „ ...	4·8 „
Schlesinger . . .	173 ...	0—14 „ ...	4 „

To these may be added—

Holt . . .	1482 ...	— „ ...	4 „
Ashby and Wright .	708 ...	— „ ...	5·2 „

The latter show clearly in their table the higher mortality in children under two years of age, and in this connection the mortality in the 212 cases of Barthez quoted above is instructive. Among these no cases under two years of age are included, and the mortality in consequence works out as low as 1 per cent.

With regard to the causes of death, I have already remarked how few cases die of the uncomplicated disease except in early infancy, and how universally complications are found in the fatal cases. In contradistinction to adults, heart failure in fibrinous pneumonia of children is little to be dreaded. The right heart generally holds its own with little difficulty, and any obvious dilatation is, I think, quite exceptional. This is probably due partly to the healthy condition of the cardiac muscle in early life, and partly also to the relative strength of the right heart in early years, built as it is to supply an atelectatic lung during foetal life, and to keep up a pulmonary circulation which in infancy works at a higher pressure (if the loud ringing pulmonary second sound may be taken as evidence) in relation to the systemic circulation than is found in adult life.

The cases quoted at the end of my paper serve to point out the common complications more clearly than would statistics of their relative frequency. I will, however, to supplement these, add a list of those found in the seven fatal cases among Schlesinger's (3) 173 patients.

CASE 1.—Meningitis, pericarditis, and broncho-pneumonia.

CASE 2.—Nephritis and enteritis; death from intensity of infection.

CASE 3.—Empyema, pericarditis, and enteritis.

CASE 4.—Empyema, pericarditis, and nephritis.

CASE 5.—Empyema, nephritis, and broncho-pneumonia.

CASE 6.—Empyema, pericarditis, broncho-pneumonia, and nephritis.

CASE 7.—Anæmia, nephritis, thrombosis of middle cerebral vein.

It will be noticed that No. 2, a child of four years, died from mere poisoning apart from any important complication; this is an uncommon event at this age, but occurs more often in early infancy, as is illustrated by two of my own cases quoted below. I may add that nephritis, as the term is generally interpreted, is not a common complication of pneumonia, and the frequency with which it figures among these cases makes it probable that Schlesinger uses the term in an unusual sense, perhaps for cloudy swelling merely.

The following cases, except the last, occurred at the East London Children's Hospital, Shadwell, and I am indebted to Dr. Eustace Smith and Dr. Coutts, under whose care they came, for permission to publish the ward notes. The last case was a patient of Dr. Archibald Garrod's some years ago in the Ormond Street Hospital. I had the opportunity of watching the case in the wards, and finally conducted the post-mortem examination.

Permission for publication was kindly given me by Dr. Garrod at that time, but has not been taken advantage of till the present moment.

CASE 1.—S. E. M.—, female æt. 4 years 8 months. Admitted to hospital January 21st, 1901.

History of present illness.—Whooping-cough in September; cough ever since. Breathing getting short many weeks ago; getting worse lately. No vomiting nor diarrhoea.

Present condition.—Pale anæmic child; looks ill; coughs; temp. 101.6° . No dyspnoea, cyanosis, nor pain. Slight finger clubbing. *Chest.*—*Lungs, right:* at apex dulness and bronchial breathing, with a few moist râles front and back. At base behind, note dull, feeble breath-sounds, and râles. Rest of lungs natural. *Heart:* apex-beat in fourth space, just internal to nipple line. Dulness not increased. *Abdomen:* spleen palpable, otherwise natural. *Urine:* no albumen.

January 28th.—Child looks worse. Temperature fluctuating since admission between 104° and 97° . *Lungs* as before.

February 2nd.—Very ill, takes very badly. Temperature still fluctuating. *Heart:* sounds well heard, no friction. *Lungs:* same; better air entry at right base.

February 4th.—*Heart:* same as first note, no friction. *Lungs:* tubular breathing around right nipple; râles front and back. *Urine:* no albumen.

February 7th.—Piece of rib resected near angle of right scapula. Nothing found but solid lung. There is much sweating. Resp. 100. Pulse rapid and weak.

February 11th.—Very pale and feeble; lips bluish. Breathes rapidly, and at times has attacks of dyspnoea. Sweats much. *Heart:* cardiac dulness as before. Systolic murmur at apex. *Lungs, right:* dull in back and axilla. Note impaired in front. Breath-sounds feeble, loud râles. *Left lung* natural. *Abdomen* a little distended and tender.

February 18th.—Somewhat better. Bulging of scar of operation. This was reopened and several ounces of thick, offensive pus escaped. Lung felt less solid.

February 28th.—Condition much as before. Temperature has continued to fluctuate. *Lungs:* dulness of right back with bronchial breathing at angle of scapula. A few râles at left base.

On March 1st child became suddenly worse, and died.

A post-mortem performed by myself the following day showed the lower lobe of the right lung solid, with a fibrinous pneumonia at the stage of grey hepatisation. The upper and middle lobes were collapsed, and had probably been consolidated during the early stages of the illness. Besides the empyema, which was opened on the right side, there was a small flat collection of pus over the posterior aspect of the left lung, the pericardium contained two ounces of green, grumous pus, and the peritoneal cavity contained two ounces of turbid fluid with flakes of lymph.

Cultures from the heart's blood showed a pure growth of pneumococcus. The lung, examined microscopically, showed all the characters of a fibrinous pneumonia, though the fibrin formation was scanty.

This was a case of wide-spread pneumococcal infection, to which the pneumonia was rather accidental than essential. The insidious onset and the fluctuating temperature throughout suggest that at no time was it a fibrinous pneumonia only, but probably wide-spread from the first—a pneumococcus pyæmia.

CASE 2.—F. L.—, male æt. 1 year 8 months. Admitted April 1st, 1901.

History of present illness.—On March 24th vomited, was feverish, and did not recognise his mother. Rolled eyes in sleep. After this cold all day, but feverish at night. Much cough at night.

Present condition.—Looks very ill; face dusky; lips almost black. Breathing rapid; much distressed. *Heart:* sounds clear. Apex-beat not localised. *Lungs, left back:* lower lobe dull, upper half of this gives bronchial breathing; at base breath-sounds are natural.

April 3rd.—Yesterday morning at 6 a.m. temperature rose to 104.8° ; at 10 a.m. it was 106° . After sponging and boracic enema at 75° fell to 101.4° , but half an hour later was 106.8° . Ice-bag applied to head and temperature fell gradually to 100° , but rose to 106° again in afternoon.

Child very ill. *Lungs, right*: râles in axilla and base in front. *Left, back*: note dull all over. Breath-sounds tubular at apex; weak over upper part of lower lobe; absent at base. With exploring needle two ounces of turbid fluid withdrawn. Child got worse, and on 5th ten ounces of fluid were removed by aspiration. After this child improved somewhat, but later got worse, and died on April 7th.

A post-mortem examination performed by myself on the next day showed a fibrinous pneumonia of the left lower lobe. This was red above, but had advanced to grey hepatisation at base. The surface was dry and finely granular, the granulations being finer and less noticeable than those seen in the same condition in the adult. This is generally so in children, and constitutes the only difference between the naked eye appearances in childhood and adult life. The whole left lung was covered with a layer of green lymph, and there was an empyema on the opposite side. The pericardial cavity contained three quarters of an ounce of thin pus. In the abdominal cavity some recent lymph was present on the surface of the spleen. Pneumococci were found in the pus from the pleural and pericardial cavities. The lung microscopically showed the characters of a fibrinous pneumonia, except that very little fibrin could be found; and this is generally the case in children, its place being filled with a granular material.

CASE 3.—A. J—, male æt. 1 year 11 months, admitted April 3rd, 1901.

History of present illness.—Well till midday of yesterday, when was drowsy; coughed, and breathing got bad, as if he would choke. Vomited on March 31st.

Present condition.—A thin, pale child, looks ill; breathing very rapid; *alæ nasi* working; lips rather blue. Temp. 104° on admission; pulse 160; resp. 76. *Heart*: apex-beat not localised; sounds clear. *Lungs, left back*: note much impaired at extreme base, where breath-sounds are tubular; loud, moist râles all over back. *Abdomen*: *liver* and *spleen* just felt.

April 6th.—Very ill since admission and getting worse. Temperature keeps between 102° and 105.2°. Colour very bad, lips blue, forehead yellow. *Lungs, left front*: note impaired; some râles. *Back*: note dull, increased resistance all over. Breath-sounds tubular over whole lower lobe and in axilla; few râles. *Right lung* clear; exploring needle obtained nothing but blood; from this pneumococci were grown.

April 9th.—*Left apex*: in front note dull, with greatly increased resistance, and nearly absent breath-sounds.

April 12th.—Deep ulcer of inner surface of upper lip seen. Skin on outer surface shows a black speck.

On 13th silver nitrate applied, but it soon perforated. Child died on April 14th.

The post-mortem examination was performed by myself next day. The upper lobe of the left lung was found solid

in an advanced stage of grey hepatisation, with areas of softening here and there. There were scattered areas of broncho-pneumonia in the lower lobe and in the opposite lung.

These appearances were confirmed by microscopic examination. There was also commencing pericarditis and some anterior mediastinitis associated with it.

CASE 4.—C. J. M—, male æt. 5 months, admitted September 13th, 1901.

History of present illness.—Diarrhoea one week ago, now better. Attacked with convulsions and cough yesterday. No vomiting.

Present condition.—Fairly well nourished. Breathing easy, 28 per minute; pulse 120. Child is pale, but not cyanosed. Tongue coated, moist. Thrush over tongue and palate. *Chest*.—*Lungs*: at right base behind are dulness, bronchial breathing, and a few crepitations. Nothing elsewhere. *Heart* natural.

September 15th.—Not so well; breathing much distressed. *Lungs*: dulness at right base behind up to angle of scapula, with tubular breathing and increased vocal resonance.

Death on 16th.

At the post-mortem examination was found fibrinous pneumonia affecting the lower lobe of the right lung, which was in a condition of red hepatisation. No other lesion was present.

Very similar to this case is the following.

CASE 5.—J. T—, male æt. 9 months, admitted August 4th, 1902.

History of present illness.—Seemed fairly well when put to bed yesterday. Mother waked at 4 a.m. this morning by child crying. Soon after child seemed collapsed, moaned; eyes staring and hands clenched over chest. No vomiting; no convulsions. Got worse before brought to hospital, and lost consciousness.

Present condition.—When seen at 8.30 a.m. child was *in extremis*, pale, collapsed. Skin cold, shallow and sighing respirations. Pulse running.

Died a few minutes after admission. No diagnosis made.

At the post-mortem examination performed by myself next day there was found a fibrinous pneumonia confined to the upper lobe of the right lung. The surface on section was "red, homogeneous, markedly granular, and dry, except for blood oozing from the vessels." No other lesion was present.

These last two cases represent the somewhat uncommon condition of death from the uncomplicated disease. When this occurs it probably does so, in most cases, in very early infancy, as in these two cases, aged respectively five and nine months.

CASE 6.—C. M—, male æt. 3 years, admitted November 7th, 1899.

History of present illness.—On November 3rd suddenly taken ill with vomiting, cough, rapid breathing, and fever. On November 5th there was twitching of face and hands, so that the mother thought he would have a fit. On the evening of November 6th he was delirious. The bowels were confined.

Present condition.—Child looks very ill; is pale, cyanosed, and of sallow complexion. He is very drowsy, and resents examination. There is strabismus and slight drooping of left eyelid. Pulse 160, irregular; resp. 40; temp. 104.8°. *Chest.*—*Lungs:* slight impairment over right front, more marked below fourth rib and in axilla. Over this lower area is bronchial breathing and abundant medium-sized râles. Over the back the bronchial breathing extends from axilla to infra-spinous region; none at base. *Left lung* natural. *Heart:* apex in fourth space just within the nipple line. Cardiac dulness to second rib above, outwards to left nipple line, and two fingers' breadth to right of sternum. Sounds clear and good. *Abdomen* natural. *Urine:* a cloud of albumen.

November 13th.—General condition unchanged. *Lungs* as before, but there is bronchial breathing over right upper lobe in front, also some rhonchi in left lung. *Heart:* cardiac dulness now one fingers' breadth outside the nipple line; to the right of the sternum the outline cannot be determined owing to the lung dulness.

November 15th.—Colour very bad; lips livid. Takes

little notice, but resents disturbance. Moves head from side to side; very restless; kicks clothes off.

The child died on November 16th. The temperature kept at about 105° throughout the attack, with remissions of only 1° or 1.5° till the 13th, after which a lower level was maintained.

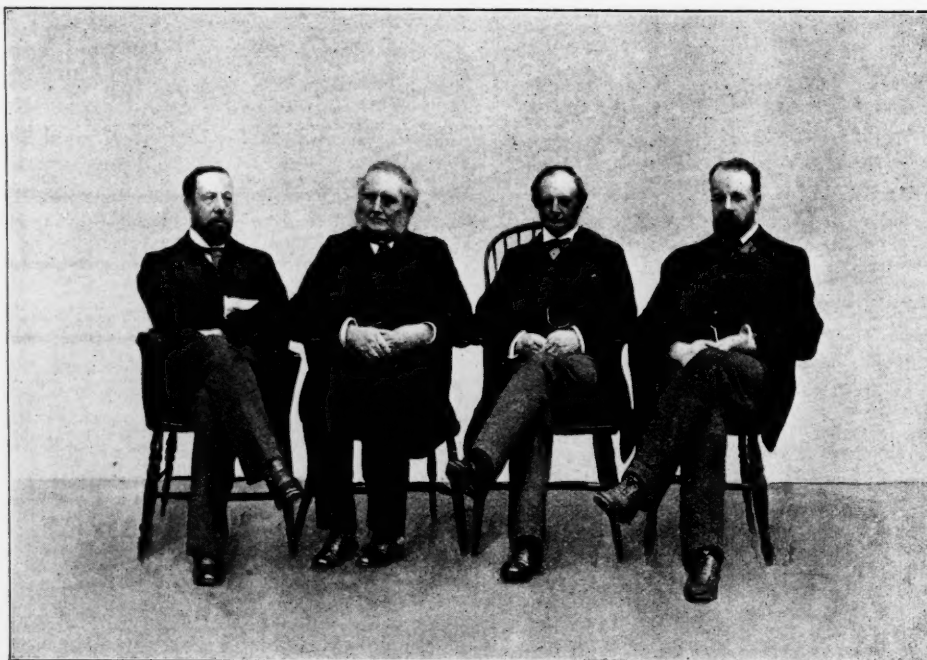
At the post-mortem examination the upper lobe of the right lung was found consolidated, "greyish red on section, somewhat dry, hardly granular; appearance that of fibrinous pneumonia midway between red and grey hepatisation." The rest of the lung was oedematous and partly collapsed. The left lung was healthy, and weighed 3½ oz. The right lung weighed 7½ oz. There was no empyema present; the pericardial sac contained 3½ oz. of green pus. The other organs presented nothing abnormal save that there were two small infarcts in the spleen.

Microscopically the lung showed a well-marked fibrin network in the alveoli, and was practically indistinguishable from this organ when similarly diseased in the adult.

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Four Generations of Ophthalmic Surgeons to the Hospital.

MR. WALTER H.
JESSOP.MR. HENRY
POWER.THE LATE MR. BOWATER
VERNON.MR. HOLMES
SPICER.

Abstract of a Lecture on the Tonsils.

*Delivered at St. Bartholomew's Hospital on Monday,
November 3rd, 1902.*

By Mr. D'ARCY POWER, F.R.C.S.Eng.,

Assistant Surgeon in Charge of the Throat Department.

MR. D'ARCY POWER began his lecture by saying that he had chosen the subject of the Tonsils partly because his hearers would often be consulted about them, and partly because an experience of fifteen years at a large children's hospital had given him some experience in connection with them. He pointed out that tonsils were subject to acute and chronic inflammation, to new growths, and to the effects of injury.

The pathology of tonsillitis had been greatly improved of late years by the application of bacteriological methods. It was now clear that many cases of acute inflammation were associated with the presence of staphylococci, and less often with streptococci and pneumococci. It was recognised, too, that they might be the primary seat of invasion in rheumatism and tubercle, whilst the difference between a simple plastic exudation of follicular tonsillitis and the diphtheritic membrane could only be made by means of bacteriological cultures. The interest of these observations lay in the new ideas to which they gave rise. It was always a well-recognised fact that tonsillitis occurred more often in the rheumatic and the scrofulous, but it was only quite lately that the proof of primary inoculation through these organs had been forthcoming; and it was with that pleasure that he recalled the credit due to Dr. Hugh Walsham, who had written an able paper (Pathological Society's 'Transactions,' vol. xlix, 1898) upon "Latent Tuberculosis of the Tonsils."

It was hardly necessary to draw a picture of the ordinary attack of tonsillitis, for nearly all his hearers had suffered from an attack at some time in the course of their hospital studies, most probably in the winter-time when they were at work in the dissecting room, or later when they were spending long days and broken nights in the sur-

gery. And these were the common conditions under which tonsillitis occurred,—a patient wearied and overworked, living in a foul atmosphere, and thus exposed to various infective agents. A recognition of the cause gave the indications for a rational treatment. Tonsillitis was unpleasant and depressing, but it was rarely dangerous, and it usually ended in recovery within a few days, leaving the patient indeed with some increased liability to recurrence unless he changed his conditions of life. The treatment consisted in all cases in the administration of a purge, followed by quinine and some stimulant, best given in the form of a glass or two of good port wine. It is often difficult to gargle in the more acute forms of the inflammation, but lozenges containing two grains of guaiac resin and a little tragacanth in a black currant paste are very serviceable. Sodium salicylate will of course be given if there is a suspicion of rheumatism. When the acute symptoms have subsided, a change of scene with a few days' rest will bring about the speedy recovery which is essential to prevent an early recurrence. In the more chronic forms, when the tonsils remain red and enlarged, and there is some congestion of the back of the throat, much benefit is obtained by painting it every other day with the Pigmentum Mandl, which consists of iodine 6 grains, iodide of potassium 20 grains, oil of peppermint 5 minims, and glycerine one ounce.

Suppuration, known to the laity as a quinsy, occurred either as an abscess within the tonsil or in the connective tissue around and underlying it. It might give rise to urgent symptoms for a time, and it is best to open the abscess by an incision made with a guarded bistoury parallel to the anterior pillar of the fauces, the cavity of the mouth being illuminated as far as possible with a laryngoscopic head mirror. The folk-tales in every country told, however, that such a proceeding was not always necessary, for the hero often rose to rank and fortune by curing the king of a quinsy, and the *rationale* is always the same—he made him laugh; in other words, the abscess being ready to burst, a comparatively slight effort will allow its contents to escape; and if laughing will do it, vomiting will also be effectual, so that an emetic may be given with advantage in proper cases and at a proper time.

Hypertrophied or enlarged tonsils are often seen in children, and

though they are usually associated with post-nasal growths, known as adenoids, this is by no means always the case. The enlargement is due either to an overgrowth of the lymphatic tissue of the tonsil, or to an hypertrophy of the fibrous elements. It is often not symmetrical, and one or both glands may be irregularly enlarged, projecting into the throat or backwards into the pharynx. The symptoms are usually identical with those of post-nasal growths, for the obstruction to respiration is of the same nature when the enlargement is great and both tonsils are affected. Nightmare is not an uncommon symptom, and is to be distinguished from that caused by dyspepsia by its being repeated as often as the child falls asleep, whilst in dyspepsia there is usually but a single attack in a night. It is not necessary to remove all enlarged tonsils in children, and a wise discretion should be exercised, for there is rather a tendency to indiscriminate tonsillotomy at the present day. The co-existence of enlarged cervical glands affords a good indication for removal of enlarged tonsils, for in such cases every possible source of irritation should be removed, or the glands will increase in size and number.

Mr. Power concluded his lecture by showing the various forms of guillotine which were used for removal of the tonsils, and by demonstrating the presence of different forms of enlargement in some young patients. He pointed out that the earliest method of removal was to pluck out the tonsils with the finger and thumb, as such an operation was achieved by Celsus, who lived at the beginning of the Christian era. A vulsellum and bistoury were afterwards employed, but the operation fell into disuse from the time of Paulus Aegineta, in 634 A.D., till it was revived by Wiseman, the great English surgeon of the Commonwealth and Restoration. In cases where there was much bleeding after removal direct digital pressure might be exerted upon the surface, or a ball made by mixing together three parts of tannic acid and one part of gallic acid with a minimum of water might be usefully employed.

On some Uses for Hydrostatic Pressure.

By E. HENDERSON HUNT, M.B.

THE following cases show how useful simple hydrostatic pressure can be in gynaecological and other work.

(1) E. C—, æt. 27, was admitted to Elizabeth Ward on October 15th, 1902, under Dr. Champneys, complaining of "bleeding from the womb." She had had one child, in April, 1901, which she had weaned in June, 1902. She had a period in June, and another in July, ceasing on the 12th. Since then amenorrhœa. On October 3rd, in the evening, after a hard day's work, she had a considerable vaginal hæmorrhage, and this bleeding continued daily since. She had no difficulty in micturition. On the 15th she was sent up to the Hospital as a case of extra-uterine gestation.

On admission she was somewhat anæmic. The breasts showed no signs of activity. There was a slightly tender resistance on the right side of the abdomen, below the umbilicus. *Per vaginam* the cervix was situated behind the upper part of the symphysis pubis, was soft, and pointed downwards and forwards. Round the external os was a granular erosion, and the canal was closed. The hollow of the sacrum was filled with a fixed, rounded, boggy mass. The body of the uterus was absent from its usual situation. A diagnosis was made of retroverted gravid uterus. The woman was placed in the genu-pectoral position, and an attempt made to replace the uterus digitally *per rectum*. This failed.

On October 17th the bleeding continued slightly, and the patient still had no difficulty in micturition.

On the 18th an irrigator was connected by several feet of rubber tubing with a penny air-ball, and at 5 p.m. the air-ball was placed in the vagina. The irrigator was raised one foot, it being found that at this pressure the air-ball, when left to itself, distended almost indefinitely. During the night the woman got partial retention of urine, and at 9 a.m. on the 19th the bladder was emptied with a catheter. The uterus was still retroverted, and digital pressure *per rectum* again failed. The air-ball was replaced in the vagina, and the pressure was increased to two feet. The bladder was emptied by a catheter every four hours until 11 p.m., when the uterus was

found to be in its usual situation. After this there was no more bleeding. Beyond the retention of urine no discomfort was caused to the patient. She could lie in bed in any position without disturbing the apparatus, and remarked that beyond a feeling of "fulness" she could hardly have told that anything was being done.

A pressure of two feet of water is roughly 1 lb. to the square inch, and thus perhaps a total pressure of 8 lbs. was brought to bear upon the uterus. This pressure could doubtless be considerably increased with safety seeing that the normal arterial blood-pressure is at least three times as great. This case also illustrates the difficulty of diagnosis between a ruptured extra-uterine gestation and a retroverted gravid uterus. In cases of doubt the above method might safely be tried, since it might save the medical attendant from leaving untreated a case of the latter, and no great harm would arise should it turn out to be the former.

(2) A. M—, æt. 25, was admitted on November 9th suffering from profound anæmia following uterine hæmorrhage of three weeks' duration. On admission the uterus contained a decomposed fœtus and placenta of about four months, and the cervix was spasmodically contracted. She was extraordinarily blanched, and had a running pulse. During the course of the day she was anæsthetised twice for the introduction of tents, and in consequence could swallow little. She, however, absorbed five and a half pints of saline *per rectum* during nine hours, this being administered through a No. 8 red rubber catheter attached as before to an irrigator. The fluid was run in at about six-inch pressure, but this was varied according to circumstances. Thus at first, when she was absorbing rapidly, it was increased, and diminished later when any fluid commenced to return. This method was employed instead of intra-venous injections, seeing that it was necessary to introduce a large amount of fluid during the day, and tide her over until the uterus could be emptied. It has the advantage of extreme simplicity, and any one can look after it. When once the catheter is passed the patient need be disturbed no more, while an unlimited amount of fluid can be introduced. It has been used lately with equal success in many other cases, e.g. after abdominal section with considerable hæmorrhage.

(3) Ordinary enemata can be administered with great advantage by hydrostatic pressure, especially when the collection of fœces is high up.

(4) One may, lastly, quote the irrigation of sinuses for the removal of foreign bodies, such as silk ligatures. For this about eight feet of pressure is needed.

Smithfield Letters.—V.

Collected by JOHN STREET ROAD.

DEAR BOY,—Surely your future profession is an unreasoning and unreasonable one. I told you in my last letter—to which, by the way, I have not yet received any reply—that I had preferred a request to your surgeon with reference to your future career. Judge then of my surprise and astonishment at reading the following discourteous answer with which Mr. Abernethy Potts met my suggestion that you should be his house surgeon:

"MY LORD,—Were it possible that I could find in this institution students whose moral and intellectual attainments were inferior to those of your son, I should still hesitate to select him for the appointment you refer to."

And so his epistle ended as curtly as it began. If this is the spirit which pervades his teaching and actuates his dealings with his superiors, I cannot but realise that you and your companions will profit little from your association with him. His letter tells its own story, and must, I

think, be one of those evil communications whose end is corruption of good manners. This and a similar lack of courtesy on the part of your Treasurer, who says he can take no share in such matters, have decided me to adopt other measures for your well-being.

In order, therefore, that your examinations shall in no way impede your progress, I have proposed to Professor Beilsaltz, who I understand will be an examiner when next you present yourself for this test, that you should lodge in his house, and becoming a member of his family should profit by his instruction and that foresight which he is likely to possess of the questions to be set in the examination. He will receive twenty guineas for each week you are lodged with him, and twice as much if he ensures success for you in the ordeal. I am credibly informed that he is not without skill in forecasting the "examination papers" after he has had the setting of them. I am taking this course not that your studies may be the less energetically prosecuted, but that the anxiety of uncertainty as to the result, which, I make no doubt, has so ill an effect upon the brain, should not impair your health. For my own health has ere now suffered from this very cause, though the anxiety had not the same origin, but depended rather on my inability to "spot the winner" (as the vulgar phrase is) upon the race-side, or to lay my wager on the right number at the tables; still, *mutato nomine, de te fabula narratur*, as an earlier philosopher has it.

You will note, dear lad, that my opinion of your examiners, though perhaps it does not agree with the estimation in which they are generally held, has not been arrived at hastily, nor is it unfounded upon the thoughtful exercise of reasoning and that good judgment which I have observed myself to possess in so marked a degree.

Every numerous assembly, even the leaders of your profession brought together to form an examining body, is *mob*, let the individuals who compose it be what they will. Mere reason and good sense is never talked to a mob. Their passions, their sentiments, their senses, and their seeming interests are alone to be applied to. Understanding they have collectively none (I own I was mistaken to address myself to Mr. Abernethy Potts individually), but they have ears and eyes, which must be flattered and seduced; and, I take it, they have pockets which can be filled.

Were I in your position I should not expect success in any examination unless between the sheets of my answers I had concealed a *five-pound note*.

I will conclude by offering one reflection to you. It is no part of my plans for you that your time should be wasted in the writing of notes on your patients. Surely such menial work need not be done by your hands; and there must be others among your fellow-students who are better suited for the task of a clerk. Pay one of them to

relieve you of this indignity. My motto in life has always been *Qui facit per alium facit per se*, and you know the success that has always attended my efforts. I may not have told you before how our old friend Walpole, in speaking of or to me (I forget which), said *every man has his price*. Dear lad, find the right man and cut down his price! This subject is inexhaustible, as it extends to everything that is to be said or done; but I will leave it for the present, as this letter is already pretty long. I cannot misguide you from ignorance, and you may be sure I shall not from design. Adieu.

Notes.

DR. JOBSON HORNE has been elected by the British Medical Association to the Ernest Hart Memorial Scholarship for Scientific Research.

* * *

THE simultaneous appearance of notices in the School buildings to the effect that appointments would be made on the Medical Staff, on the Surgical Staff, and to the office of Warden, was an event of sufficient rarity to attract much interest and attention. For, as far as the present day student is concerned, the continuance of the Medical Staff as he had always known it seemed part of the order of nature, a matter "whereof the mind of man runneth not to the contrary." Yet, to our great regret, Sir William Church went round the wards for the last time on December 4th, and Mr. Butlin performed his last operation on the following Tuesday. In another part of the JOURNAL there will be found some account of Sir William Church's work here by one who has had the opportunity of knowing and appreciating him for many years. In the next number we hope to give an account of Mr. Butlin.

* * *

WE offer our sincerest congratulations to Mr. W. D. Harmer on his appointment to the responsible post of Warden. Mr. Harmer went up to King's College, Cambridge, in 1892, since which date his career has been one of unbroken success. Those who know him are convinced of the wisdom of the appointment, and will join in congratulating the College on getting so worthy a successor to Dr. Calvert.

* * *

THE A.D.C. will give their annual performance on January 7th, 8th, and 9th. They will present "The Pair of Spectacles," with Mr. Waugh in the part that is identified with one of Mr. John Hare's greatest successes. We hear that the rehearsals give promise of an excellent performance, which may be trusted to uphold the high standard that has been set by the Club in past years.

* * *

By the kindness of Dr. Grace Calvert we are able to publish a photograph of unique interest of the four generations of ophthalmic surgeons of this Hospital. It was taken in 1895, when chance brought together these four distinguished members of the staff—past, present, and future.

* * *

OWING to pressure on our space the very interesting paper read by Dr. Emery to the Abernethian Society on the Specific Antibodies is held over till the next number of the JOURNAL.

* * *

We regret that the Christian names of the late Mr. Read were incorrectly printed in the obituary notice published last month. They should have read Henry George instead of Thomas George.

Amalgamated Clubs.

RUGBY FOOTBALL CLUB.

ST. BART'S v. OLD LEYSIANS.

This match was played at Eltham on November 29th. The ground was wet, and made outside play difficult. For the first twenty minutes play was of a very even nature, and nothing was scored; the Old Leysians, however, did most of the attacking. Shortly before half-time a pretty piece of passing and a good run by Trapnell enabled the Old Leysians to score an unconverted try.

On changing ends the Hospital at once took the play in their opponents' "25," and a free kick being awarded them, Lee placed a goal. This made the scores level, but the Old Leysians began to press at once, and soon scored another try in the left-hand corner, which was not converted. From this point the Old Leysians had much the best of the game, and scored another try, which was likewise unconverted. Darkness had now come over the game, and the Old Leysians were evidently more used to it than the Hospital, and scored 2 more tries, the latter of which was converted, thus leaving the Old Leysians victorious by 1 goal 4 tries (17 points) to 1 penalty goal (3 points).

Amalgamated Clubs Dinner.

THE dinner of the Amalgamated Clubs was held at the Café Monico, on Tuesday, November 11th. Mr. Bruce Clarke, who took the chair, was supported by Sir William Church, Dr. Herringham, Dr. Tooth, Dr. Calvert, Dr. Drysdale, Dr. Bainbridge, and Mr. Waring; and there was a large attendance of members. After an excellent dinner the toast of "The King" was drunk, and Mr. Bruce Clarke then proposed "The Amalgamated Clubs," coupled with the names of the secretaries, in a felicitous speech, in which he dwelt upon the importance of athletics, and referred to Mr. Willett's efforts in securing the ground at Winchmore Hill for the Clubs. The toast was drunk with musical honours. Mr. Neligan, who undoubtedly has before him a career as an after-dinner speaker, replied on behalf of the Clubs. After giving a *résumé* of the successes obtained during the year, he expressed the hope that in future greater enthusiasm might be displayed in the doings of the Clubs than had often been the case in the past. The toast of "The Staff" was proposed by Mr. Ash. In replying to the toast Sir William Church alluded to the very cordial relations which had always existed between the staff and the Clubs, and spoke of the keen interest taken by the staff in the various cup ties and reports. Loud cries of "Dr. Calvert" were then raised, and our worthy warden gracefully yielding to these appeals rose and made a characteristic speech, which was received with much applause. The health of

"The Chairman" was then proposed by Mr. Howell, and was drunk with great enthusiasm and musical honours. Mr. Bruce Clarke then briefly replied.

Throughout the evening an excellent band discoursed sweet music, and after dinner Mr. Davies sang, Mr. Baldwin and Mr. Carroll gave solos on the piano and banjo respectively, and Mr. Crawford gave an excellent imitation of Albert Chevalier at his best. The health of "The Musicians" was proposed by Mr. Boyle, and there is no doubt that the employment of local talent was a decided success.

The proceedings terminated about eleven o'clock after a most successful evening.

Much regret was expressed at the unavoidable absence of Mr. Bowlby, Mr. Jessop, and Mr. E. Willett, who had promised to be present; also that the teaching staff was so scantily represented.

Abernethian Society.



THE fifth ordinary meeting of the Society was held in the Abernethian Room on November 6th, Mr. Fairlie Clarke in the chair. A discussion was introduced by Mr. Lockwood, on "Medical Practice and some Modern Inventions." In opening the subject the speaker brought up several reminiscences of the Society in his student days, and expressed his pleasure in again finding himself in his old haunts. Speaking of the strides made by modern science of recent years, he dwelt with some considerable emphasis on the manifold advantages of an electrical supply to the house of a medical man, for by its means the use of many new methods in clinical work was brought within the reach of practitioners. He advocated the use of electrical head-lamps for mouth and throat cases, and also of the various endoscopes, and deplored the lack of opportunity for acquiring skill in their manipulation in hospital practice. The electrical bath was an important item, and its cost £40 to £50, and would soon repay its outlay. He thought the X-ray apparatus most essential for the diagnosis of certain fractures, and regretted the fact that its use was now largely in the hands of photographers. Its value in dislocations and the localisation of foreign bodies could not be over-estimated, and the cost of setting up the appliance about £50. Passing on to various improvements in modern locomotion, the speaker discussed the relative advantages and defects of the various forms of motor-cars, putting aside the electrical and steam cars on the ground both of expense and also of inefficiency, and favouring the petrol car as being so far the nearest approach to perfection in automobiles. A De Dion can be bought at an initial outlay of £200, with an annual expenditure of £50 and a yearly depreciation of 20 per cent. of its value. Its advantages over horse traction were many, and quite outbalanced such trifles as smell, noise, and side-slip.

Dr. Lewis Jones then took up the discussion, and drew the attention of the meeting to the uses of statical electricity, the apparatus for which costs £100, with another £30 for a gas-engine and dynamo to work it, an outlay which he himself recovered in three months' use of the machine. He spoke of medical batteries, hot air baths, and cystoscopes, and advocated their use.

Dr. Rowton gave an account of work with Röntgen rays in the provinces, and added a word in praise of the motor bicycle, which he found to far excel the mere horse.

Dr. Hugh Walsham spoke of Finsen lamps and X-ray burns, and Mr. J. R. Murphy added some information on the subject of motor traction.

Messrs. Jennings and Faulder also took part in the discussion.

The sixth ordinary meeting was held on November 13th, Mr. Elmslie in the chair.

Mr. Gask read a paper on "Cystitis and its Bacteriology," a full report of which appeared in the October number of the JOURNAL.

The seventh ordinary meeting was held on the 20th November, Mr. Fairlie Clarke in the chair. The evening was devoted to the exhibition and discussion of cases.

Mr. Fairlie Clarke showed a case of extroversion of the bladder in a male child *æt.* 7 months. The abdominal wall was imperfectly closed, and the pubic bones separated by about half an inch interval, and the umbilicus almost indistinguishable. At the bottom of the gap in the belly wall appeared the posterior wall of the bladder. The ureteral orifices could not be distinguished. The penis was

cleft, but the testes were not in the inguinal canal, a common situation in such cases, but were in the scrotum.

Treatment both by Wood's and Trendelenburg's operative measures was discussed, in which Messrs. Eddison, White, and Connor took part.

Mr. Connor showed a case of naevus of the tongue and lower lip, and the question of treatment both by scalpel and caustics and electrolysis was brought up, Mr. Stirling Hamilton quoting a case of hæmorrhage after electrolysis of such a severe nature as to necessitate ligation of the lingual artery.

Mr. Eddison showed three cases from the Orthopædic Hospital. The first two were congenital dislocations of the hip, which were shown to illustrate the beneficial effects of treatment by instruments, and were accompanied by photographs of the condition before coming under treatment. The instruments employed were made of soft steel.

The third case was one of a wired patella following a fracture, and was brought down to show the effects of imperfect asepsis in joint operations, the joint having suppurated and become ankylosed. The other knee was also partially fixed, owing possibly to contractions taking place while the patient was confined to his bed.

Messrs. Fairlie Clarke, Weir, Connor, White, Hadfield, and Bainbridge joined in the discussion that followed.

Mr. Hulbert showed the case of an old man with a swelling situated over the fifth and sixth costo-chondral junction on left side. The possibilities in diagnosis were tubercle, syphilis, new growth, and actinomycosis.

Considerable discussion followed, in which Messrs. Fairlie Clarke, Eddison, Connor, Waterfield, Hamilton, and Bainbridge took part.

Mr. Bainbridge showed under the microscope a primary sarcoma of the lung in a child æt. 4, who had been admitted with physical signs of pneumonia.

The eighth ordinary meeting was held on November 27th, Mr. Elmslie in the chair.

Mr. Fairlie Clarke read a paper on "Minor Head Injuries," an account of which will appear in the next number of the JOURNAL.

The Rahere Lodge, No. 2546.



MEETING of the Rahere Lodge, No. 2546, was held at Frascati's Restaurant, Oxford Street, W., on Tuesday, December 9th, W. Bro. Holden, M.D., W.M., being in the chair. Bros. Haggard, Baker, and Attlee were raised to the degree of Master Mason, while Dr. Maurice Dale Wood was initiated into Freemasonry, and Bros. N. F. Kendall, M.R.C.S., L.R.C.P., and Eustace Talbot, M.B., were elected members of the Lodge. It was decided to present a Past Grand Deacon's Jewel to W. Bro. T. G. A. Burns in conjunction with the Middlesex Hospital Lodge, while votes of five guineas to a Brother in distress, and ten guineas to the Royal Masonic Benevolent Institution were unanimously passed. A number of Brethren subsequently dined together.

Examinations.

CONJOINT BOARD.

Chemistry.—F. W. O'Connor, R. D. O'Connor.

Practical Pharmacy.—J. W. Cleveland, E. P. Carmody, T. Huddleston, R. M. Im Thurn, R. G. Williams, H. T. M. Wilson, L. L. Winterbotham, T. C. Maxwell.

Elementary Biology.—H. Sowerby.

Anatomy and Physiology.—W. T. Williamson, J. F. Trewby, P. J. Martin, G. P. Jones, E. B. Aylward, C. Clarke, C. A. Stidston, C. P. Charles, W. S. Neale, G. T. Verry.

The following have completed the examinations for M.R.C.S., L.R.C.P.:—A. S. Petrie, F. Harvey, H. V. Wenham, A. Richmond, H. V. Gould, H. D. Ledward, H. Statham, F. D. Parbury, C. Dix, G. M. Levick, E. C. Hodgson, W. B. Ainger, A. L. B. Green, T. M. Body, R. Thompson, E. B. Smith, H. W. Pank.

Primary Fellowship.

F. B. Ambler, R. H. Bott, C. H. Fielding, G. L. Ranking, P. Wood.

UNIVERSITY OF LONDON.

M.B. Examination. Honours List.

R. C. Elmslie, First-class Honours in Obstetrics; F. Gröne, Second-class Honours in Obstetrics; E. Wethered and H. T. Gillett, Third-class Honours in Medicine.

M.B. Examination. Pass List.

Second Division.—R. C. Elmslie, H. T. Gillett, F. Gröne, E. L. Martin, N. E. Waterfield, H. V. Wenham, E. Wethered.

Appointments.

DIX, C., M.R.C.S., L.R.C.P., appointed Assistant House Surgeon to the Shrewsbury Infirmary.

PARBURY, F. D., M.R.C.S., L.R.C.P., appointed House Surgeon to the Northern Branch of the Brighton, Hove, and Preston Dispensary.

SANKEY, R. H., M.A.(Oxon.), M.R.C.S., L.R.C.P., appointed Junior House Surgeon at the Radcliffe Infirmary, Oxford.

SLOANE, H. H., L.S.A., appointed Surgeon to the ss. "Umsinga."

SMITH, E. B., M.R.C.S., L.R.C.P., appointed Surgeon to the ss. "Bangala."

WOODWARD, A. S., M.R.C.S., L.R.C.P., appointed Surgeon to the R.M.S. "Atrato."

New Addresses.

BROWN, T. W., Woodcroft, Blenheim Gardens, Upper Wallington, Surrey.

COLBY, FRANK, Hill View, Guildford Road, Woking.

EDLESTON, R. S. C., St. John's Chapel, co. Durham, R.S.O.

MACLAREN, N., 23, Portland Square, Carlisle.

MAITLAND, C. R., 93, Gipsy Hill, S.E.

MEADE, C. G., Witheridge, N. Devon.

MORRIS, R. J., Southfield, York Place, Harrogate.

POWELL, J. C., 192, Oakhill, Stoke-on-Trent.

RIVIERE, CLIVE, 19, Devonshire Street, Portland Place, W.

STORRS, W. T., Hall Gate, Lonsdale Gardens, Tunbridge Wells.

Births.

MARKS.—On November 26th, 1902, at Rose Bank, Mumbles, Glamorganshire, the wife of Leonard Freeman Marks, M.B.Lond., M.R.C.S., of a son.

MAXWELL.—At Tai-nan, Formosa, on November 9th, the wife of James L. Maxwell, M.D.Lond., of a daughter.

SIMMONDS.—On November 17th, at 91, London Road, St. Leonards-on-Sea, the wife of Ernest G. Simmonds, M.R.C.S., L.R.C.P., L.D.S., of a son.

Marriages.

GODWIN—APPLEBY.—On the 25th inst., at St. Oswald's Church, Durham, by the Rev. M. Horsfall, M.A., of Whitby, assisted by the Rev. W. Wadsworth, M.A., Vicar of St. Oswald's, Herbert James Godwin, M.B., B.S., M.R.C.S., L.R.C.P. (late Civil Surgeon South African Field Force), eldest son of the late James Godwin, M.R.C.S., L.S.A., of Twyford, Winchester, Hants, to Florence Marion, second daughter of Capt. George Walton Appleby, late Cameronians (Scottish Rifles), of 10, Church Street, Durham.

TURNER—MAYGER.—On October 30th, at Vadaseri, Nagercoil, P. E. Turner, M.B.(Lond.), to Minnie Mayger.